

Abstracts

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cessfully developing condition-specific formularies. Annually an estimated \$456.00 and \$1813.00 drug cost savings could be achieved by the hospice as a result of implementing depression and CHF formularies.

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THE VALUE OF MYOCARDIAL PERFUSION SCINTIGRAPHY (MPS) IN CORONARY ARTERY DISEASE (CAD): A REVIEW OF THE ECONOMIC LITERATURE SUBMITTED TO THE UK NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE)

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OBJECTIVES: To review reported economic evaluations of myocardial perfusion scintigraphy (MPS) for patients with suspected coronary artery disease (CAD); to synthesise and communicate two reviews undertaken to support an appraisal of MPS in this technology by the UK National Institute for Health and Clinical Excellence (NICE). **METHODS:** Conduct a systematic review to identify published studies reporting economic evaluations comparing diagnostic strategies with and without MPS in patients with chest pain and/or abnormal resting ECG. Studies published between 1984 and 2002 were included, together with two model-based evaluations submitted to NICE in 2003. Results were summarised by source of data, strategy comparison and type of patient. Quality of reported studies and methodological issues were assessed. **RESULTS:** Twenty-four studies were identified: 12 'primary' studies based on analyses of prospective or retrospective data and 12 studies based on decision-analytic modelling. Twenty studies were based in the US and 4 in the UK, one of which used data from a range of European countries. Many studies reported that MPS was a cost-effective alternative to Exercise ECG (ExECG) prior to coronary angiography (CA) in patients at intermediate/high risk of CAD. Evidence for the cost-effectiveness of adding MPS after ExECG (in patient's positive on ExECG) was less conclusive. Compared with MPS, direct CA was generally not cost-effective in patients at intermediate risk, but cost-saving for patients at high risk. Studies were of variable quality; for example primary studies based on short term outcomes, and failure to present incremental comparisons. The use of CA as a gold standard for functional imaging tests which provide additional information to the degree of vessel stenosis may be problematic. **CONCLUSION:** There is evidence for the cost-effectiveness of MPS in patients at intermediate risk of CAD. It would be valuable to confirm this with longer term prospective studies and improved economic modelling.

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PROJECTED COST SAVINGS TO THIRD PARTY PAYERS FOR THE YEAR FOLLOWING GENERIC SIMVASTATIN AVAILABILITY IN USA

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OBJECTIVES: To estimate the drug acquisition cost savings for third payer payers (TPPs) with the availability of generic simvastatin in the United States. **METHODS:** A deterministic study ascertained the potential cost savings for TPPs in the year following generic simvastatin availability. The study focused on patients requiring cholesterol reduction (>30% LDL-C reduction). Annual national statin prescription sales (November

ECONOMIC APPRAISAL OF THE ANGIOPLASTY PROCEDURES PERFORMED IN 2004 IN A HIGH-VOLUME DIAGNOSTIC AND SURGICAL CARDIOLOGY UNIT

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OBJECTIVES: Growing interest in the use of Drug Eluting Stents (DES) in coronary angioplasty has prompted the Health Care Agency of the Emilia Romagna Region to draw up recommendations for their appropriate clinical use. Since the adoption of any new technology necessitates economic appraisal, we have analyzed the resource consumption by type of angioplasty procedure as well as the impact on the budget of a cardiology department. **METHODS:** A retrospective economic evaluation has been carried out on the angioplasty procedures performed in 2004 in the Cardiology Department of Reggio Emilia hospital. Using the Activity Based Costing method, detailed hospital costs have been estimated for each procedure and compared with the pertinent Italian DRG fees. **RESULTS:** In 2004, the Interventional Cardiology Department of Santa Maria Nuova Hospital in Reggio Emilia performed 806 angioplasty procedures for a total expenditure of €5,176,268. These were: 93 Plain Old Balloon Angioplasties (POBA) (€487,329), 401 procedures using Bare Metal Stents (BMS) (€2,380,071), 249 procedures using Drug Eluting Stents (DES) (€1,827,386) and 63 MIXED procedures (€481,480). Reimbursement via DRG funding amounted for €5,816,748 (11% for POBA, 50% for BMS, 31% for DES and 8% for MIXED procedures). The overall case-mix of the performed angioplasty procedures generated a positive margin of about €680,480 between the costs incurred and the reimbursement obtained. **CONCLUSIONS:** Analysis of the case-mix of procedures revealed that, although the adoption of innovative technologies increases costs, an overall positive margin between costs and DRG reimbursements can be achieved. It therefore

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